

Electronic Filing System (EFS) Data
Electronic Patent Application Submission
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EFS ID: 12068
Application ID: 09682229
Title of Invention: METHODS AND SYSTEMS FOR
GENERATING ENHANCED
THUMBNAILS
First Named Inventor: Ruth Rosenholtz
Domestic/Foreign Application: Domestic Application
Filing Date: null
Effective Receipt Date: 2001-08-08
Submission Type: Utility Patent Filing
Filing Type: new-utility
Confirmation Number: 0
Attorney Docket Number: 108762
Digital Certificate Holder: cn=Thomas J. Pardini, ou=Registered Attorneys, ou=Patent and
Trademark Office, ou=Department of Commerce, o=U.S.
Government, c=US
Certificate Message Digest: TVcuJtuVEU8I6cWoH5SOSw==
Total Fees Authorized: \$1306.0
Payment Category: DA - Deposit Account
Deposit Account Number: 240037
Deposit Account Name: Thomas J. Pardini



TRANSMITTAL FORM



Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number: 108762

METHODS AND SYSTEMS FOR GENERATING ENHANCED THUMBNAILS

First Named Inventor: Ruth E. Rosenholtz

SUBMITTED BY

Name:	Thomas J. Pardini
Registration Number:	30,411
Electronic Signature Mark: /Thomas J. Pardini/	Date Signed: 20010808

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

fee-transmittal	X108762fee.xml
patent-assignment	X108762asgn.xml
specification	ob108762.xml
declaration	Dec1.tif
declaration	Dec2.tif

declaration
bibd-transmittal

Dec3.tif
X108762apds.xml

Attached Image File(s):

Dec1.tif
Dec2.tif
Dec3.tif

0968229-030301
T030301-62228960

Comments:

Table 1. Demographic characteristics of the study population	
Age (years)	Mean (SD)
Male	50.5 (10.5)
Female	51.5 (11.5)
Marital status	
Married	75%
Single	25%
Education level	
High school or above	65%
Below high school	35%
Occupation	
White collar	45%
Blue collar	55%
Income (USD/month)	
< 1000	15%
1000-2000	35%
2000-3000	25%
> 3000	25%
Health insurance	
Yes	85%
No	15%
Comorbidities	
Hypertension	30%
Diabetes	15%
Cholesterol	20%
Smoking status	
Current smoker	10%
Former smoker	15%
Non-smoker	75%
Alcohol consumption	
Regular	5%
Occasional	15%
Never	80%

APPLICATION FOR UNITED STATES PATENT DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS AND APPARATUS FOR GENERATING ENHANCED THUMBNAI

described and claimed in the specification:

Check one

*a. ☒ attached hereto.

b. ☐ filed on _____ as Application No. _____ and amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56. Under Title 35, U.S. Code §119, the priority benefits of the following foreign application(s) and/or United States provisional application(s) filed by me or my legal representatives or assigns within one year prior to this application are hereby claimed:

The following application(s) for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s) and/or United States provisional application(s):

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

James A. Oliff, Registration No. 27,075; William P. Berridge, Registration No. 30,024;
Kirk M. Hudson, Registration No. 27,562; Thomas J. Pardini, Registration No. 30,411;
Edward P. Walker, Registration No. 31,450; Robert A. Miller, Registration No. 32,771;
Mario A. Costantino, Registration No. 33,565; Stephen J. Roe, Registration No. 34,463;
Joel S. Armstrong, Registration No. 36,430; Christopher W. Brown, Registration No. 38,025;
Richard E. Rice, Registration No. 31,560; Mark Costello, Registration No. 31,342;
Richard B. Domingo, Registration No. 36,784; Eugene O. Palazzo, Registration No. 28,881;
Denis A. Robitaille, Registration No. 34,098; Ronald F. Chapuran, Registration No. 26,402;
Kevin R. Kepner, Registration No. 32,145; and/or Don L. Webber, Registration No. 34,275.

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO OLIFF & BERRIDGE, PLC, P.O. BOX 19928, ALEXANDRIA, VIRGINIA 22320, TELEPHONE (703) 836-6400.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

1 *Typewritten Full Name
of First or Sole Inventor*

Ruth	E.	ROSENHOLTZ
Given Name	Middle Initial	Family Name

2 **INVENTOR'S SIGNATURE:

Ruth E. Rosenholtz

3 **DATE OF SIGNATURE:

8-6-2001

Residence:	Menlo Park	California	USA
	City	State or Province	Country

Citizenship: USA

Post Office Address:
(Insert complete
mailing address,
including country)

c/o Xerox PARC
3333 Coyote Hill Road, Palo Alto, California 94304, USA

*This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

**Note to Inventor: Please sign name exactly as it appears above and insert actual date of signing.

IF THERE IS MORE THAN ONE INVENTOR USE PAGE 2 AND PLACE AN "X" HERE ☒

Page 2 OF U.S.A. DECLARATION FORM

1 **Typewritten Full Name of Second Joint Inventor (if any)** Allison G. WOODRUFF
Given Name Middle Initial Family Name

2 ****INVENTOR'S SIGNATURE:** *Allison G. Woodruff*

3 ****DATE OF SIGNATURE:** 08-06-2001
Month Day Year

Residence: Foster City California USA
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Citizenship: USA
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3333 Coyote Hill Road, Palo Alto, California 94304, USA

1 **Typewritten Full Name of Third Joint Inventor (if any)** Andrew R. FAULRING
Given Name Middle Initial Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**
Month Day Year

Residence: Pittsburgh Pennsylvania USA
City State or Province Country

Citizenship: USA
Post Office Address:
(Insert complete mailing address, including country) 1002 Flemington Street, Pittsburgh, Pennsylvania 15217, USA

1 **Typewritten Full Name of Fourth Joint Inventor (if any)**
Given Name Middle Initial Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**
Month Day Year

Residence: City State or Province Country

Citizenship: Post Office Address:
(Insert complete mailing address, including country)

1 **Typewritten Full Name of Fifth Joint Inventor (if any)**
Given Name Middle Initial Family Name

2 ****INVENTOR'S SIGNATURE:**

3 ****DATE OF SIGNATURE:**
Month Day Year

Residence: City State or Province Country

Citizenship: Post Office Address:
(Insert complete mailing address, including country)

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the specification (including claims) of the application to which it pertains.

Page 2 OF U.S.A. DECLARATION FORM

1 **Typewritten Full Name**
of Second Joint Inventor (if any) . Allison G. WOODRUFF
Given Name Middle Initial Family Name

2 ****INVENTOR'S SIGNATURE:** _____

3 ****DATE OF SIGNATURE:** _____
Month Day Year

Residence: _____
City State or Province Country
California USA

Citizenship: USA
Post Office Address:
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mailing address,
including country) c/o Xerox PARC
3333 Coyote Hill Road, Palo Alto, California 94304, USA

1 **Typewritten Full Name**
of Third Joint Inventor (if any) Andrew R. FAULRING
Given Name Middle Initial Family Name

2 ****INVENTOR'S SIGNATURE:** 

3 ****DATE OF SIGNATURE:** August 6 2001
Month Day Year

Residence: _____
City State or Province Country
Pittsburgh Pennsylvania USA

Citizenship: USA
Post Office Address:
(Insert complete
mailing address,
including country) 1002 Flemington Street, Pittsburgh, Pennsylvania 15217, USA

1 **Typewritten Full Name**
of Fourth Joint Inventor (if any) _____
Given Name Middle Initial Family Name

2 ****INVENTOR'S SIGNATURE:** _____

3 ****DATE OF SIGNATURE:** _____
Month Day Year

Residence: _____
City State or Province Country

Citizenship: _____
Post Office Address:
(Insert complete
mailing address,
including country) _____

1 **Typewritten Full Name**
of Fifth Joint Inventor (if any) _____
Given Name Middle Initial Family Name

2 ****INVENTOR'S SIGNATURE:** _____

3 ****DATE OF SIGNATURE:** _____
Month Day Year

Residence: _____
City State or Province Country

Citizenship: _____
Post Office Address:
(Insert complete
mailing address, including
country) _____

****Note to Inventors:** Please sign name exactly as it appears and insert the actual date of signing.
This form may be executed only when attached to the first page of the Declaration and Power of Attorney form and the
specification (including claims) of the application to which it pertains.

FEE TRANSMITTAL

Electronic Version 1.0.4

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

TOTAL FEES AUTHORIZED: \$ 1306

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 24-0037



Deposit Account Name: XEROX CORPORATION

SUBMITTED BY

Authorized Name: Thomas J. Pardini

Electronic Signature Mark: /Thomas J. Pardini/

Date Signed: 20010808

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	101	\$ 710

Subtotal For Basic Filing Fee: \$ 710

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 42	103	\$ 18	22	\$ 396
Independent Claims: 5	102	\$ 80	2	\$ 160

Subtotal For Extra Claims Fees: \$ 556

ADDITIONAL FEES

Fee Description	Fee Code	Fee Paid
Recording Each Patent Assignment Per Property Fee	581	\$ 40

Subtotal For Additional Fees: \$ 40

0968229-080801